

NCMS Alliance 94th Anniversary Annual Fund

Donor's Name: _____

Print your name as it should appear for recognition in the NCMSA *Tarheel Tandem* newsletter

Check here if you prefer your donation be anonymous _____

Address: _____ City: _____ Zip: _____

Annual Fund Donor Levels: (please check one)

- Sadie McCain Circle \$500 & above (includes ten packs of 4 cards each and 10 acknowledgements in the *Tarheel Tandem*)
- Champion \$300 (includes six packs of 4 cards and 6 acknowledgements as above)
- Mentor \$200 (includes four packs of 4 cards and 4 acknowledgements as above)
- Advocate \$100 (includes two packs of 4 cards and 2 acknowledgements as above)
- Friend \$ 50 (includes one pack of 4 cards and 1 acknowledgement as above)
- _____ \$urprise us with a donation level of your choice.

Enclosed is my check made payable to the NCMS Alliance.

Charge my Visa/MasterCard #: _____

Exp. Date: _____ CVV2# _____

Signature of card holder: _____

Donors will receive cards within three weeks of NCMSA receiving donations and their special people will be recognized in the next *Tandem*. Please mail completed form to
NCMS Alliance, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607

I want to honor these special people for the NCMS Alliance Annual Fund

These special people will be recognized in the next issue of the NCMSA *Tarheel Tandem* newsletter.

Please print:

In honor / memory of (circle one):

In honor / memory of (circle one):

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Thank you for your support!

NCMS Alliance is a 501 (c)(3) charitable organization and donations are tax-deductible.